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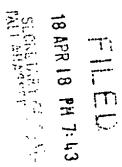
(Ře	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	New Filing S Division of C					
SUB.	IECT: ALL NA	TIONS GLOBAL SOLUT	IONS, LLC			
300	,Ee1,		ulting Florida Limi	ed Con	mpany)	_
			•	-	nd fees are submitted to ecordance with s. 605.1	
Pleas	e return all corr	espondence concerning	g this matter to:			
TAM	MY GETCHELL					
		(Contact Person)		-		
ALL	NATIONS GLOBA	AL SOLUTIONS, LLC				A 6 78
		(Firm/Company)		-		16 B
970 R	OSELAND RD.					70
		(Address)		-		
SEBA	STIAN, FL 32958	3				APR 18 PH 7: 43
		City, State and Zip Code)		-		<u>.</u>
tamm	y@allnationsgs.com	•				ယ်
		e used for future annual re	port notifications)	-		
			•			
ror it	irther informati	on concerning this ma	iter, piease caii:			
TAM	MY GETCHELL		_at (²⁰⁷) 554-(0110	_
	(Name of Conta	ict Person)	(Area Code)	(Day	ytime Telephone Number)	
		or the following amou a bank located in the		rocess	sed by this office must	be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	■\$155.00 Fiting Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRES	S:			ADDRESS:	
	Filing Section	:	New Fi	-		
	ion of Corporat on Building	ions	Divisio P. O. B		Corporations	
	Executive Cent	er Circle			FL 32314	

Tallahassee, FL 32301

Articles of Conversion



The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes. Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ALL NATIONS GLOBAL SOLUTIONS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (S-CORP)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
08/03/2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ALL NATIONS GLOBAL SOLUTIONS. LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 03 day of APRIL	20_18	
Signature of Authorized Representative of Lim	nited Liability Company:	
Signature of Authorized Representative:	Title: CHIEF OPERATING OFFICER	_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
and state of a		
Printed Name: Tammy M Getchell	Title: Chief Operating Officer,	Dwner
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	- -
		7-2 / 6
Signature:Printed Name:	Title	- PR
		بسيس بني ٠٠٠
Signature:Printed Name:		f."
Frinted Name:	Title:	
Signature:		
Printed Name:	Title:	5
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In	ncorporator must sign.	
If Florida General Partnership or Limited Liabili	ity Partnarchin	
Signature of one General Partner.	to rarthership.	
If Florida I imited Bouts 11 11 11 11 11 11		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional)	
confinedic of Status.	\$5.00 (Optional)	

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
	•,		
	•		
ALL NATIONS GLOBAL SOLUTIONS, LLC			
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pa	rincipal office of the Limited	l Liability Compan	ıy is:
Principal Office Address:	Mailing Address:		
970 ROSELAND RD.	970 ROSELAND RD.		
SEBASTIAN, FL 32958	SEBASTIAN, FL 32958		
			•
ARTICLE III - Registered Agent, Registered	d Office. & Registered Age	 nt's Signature	
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	tered Agent. You must designate an ir	idividual of another =	
The name and the Florida street address of the	registered agent are:	APR 18	1;
TAMMY GETCHELL		* * * *	kanda at
Nam	e		
970 ROSELAND RD.		7: 43	-
Florida street address (P.C	. Box NOT acceptable)	دع	
SEBASTIAN	FL 32958		
City	Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	RICHARD GETCHELL	
	970 ROSELAND RD.	
	SEBASTIAN, FL 32958	
	227.07.7.1.1.1.2.32.30	<u> </u>
AMBR	TAMMY GETCHELL	*****
	970 ROSELAND RD.	<u> </u>
	SEBASTIAN, FL 32958	Liv T
		- Jr
		<i>h</i>
		4.
Use attachment if necessary)		
REQUIRED SIGNATURE:	mutaull	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a merce with section 605.0203 (1) (b), Florida Statutes, cument to the Department of State constitutes a third	1
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a do	ce with section 605 0203 (1) (b). Florida Statuton.	1
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a docas provided for in s.817.155, F.S. TAMMY M. GETCHELL	ce with section 605 0203 (1) (b). Florida Statuton.	1